



DOH 690-021 (REV 1/2006)

11. Previous Owner's Name _____

12. Previous Name of Business _____

13. Date of Change of Ownership _____ Preferred Inspection Date _____

14. Has any owner or officer ever been found guilty of a drug, controlled substance or moral turpitude violation?

☐ Yes ☐ No

If yes, explain in detail on the lower portion of this form, provide circumstances, places, dates and outcomes.

15. Certification

SIGNATURE OF APPLICANT

I, _____, certify under penalty of perjury under the laws of the state of Washington to the truth and accuracy of all statements, answers, and representations of the foregoing application, including all supplemental statements.

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

SEAL

Notary Signature _____

For the state of _____

Residing at _____

My Commission Expires _____